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# Fax

**To:** Examiner Jonathan P. Ouellette  
Group Art Unit: 3629

**From:** John S. Sensny

**Fax:** 703-872-9326

**Pages:** 16 pages including cover sheet

**Phone:**

**Date:** 1/23/2004

**Re:** U.S. Serial No. 09/706,645

**CC:**

Group Art Unit: 3629

Docket No. YOR920000454US1 (13808)

## AMENDMENT UNDER 37 C.F.R. §1.111

• **Comments:**

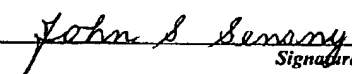
Transmitted herewith are:

1. Certificate of Transmission By Facsimile (in duplicate)
2. Amendment Transmittal Letter (in duplicate)
3. Amendment Under 37 C.F.R. §1.111

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> YOR920000454US1 (13808)	
Applicant(s): <b>Dimitri Kanevsky, et al.</b>					
<b>Serial No.</b> 09/706,645	<b>Filing Date</b> November 6, 2000	<b>Examiner</b> Jonathan P. Ouellette	<b>Group Art Unit</b> 3629		
<b>Invention: VOLUNTEER NETWORK SUPPORT GROUP FOR PEOPLE WITH DISABILITIES</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
<b>TOTAL CLAIMS</b>	15 -	20 =	0 x	\$18.00	\$0.00
<b>INDEP. CLAIMS</b>	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0510/IBM</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ John S. Sensny Registration No. 28,757			Dated: January 23, 2004		
<b>SCULLY, SCOTT, MURPHY &amp; PRESSER</b> 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align:center">_____ Signature of Person Mailing Correspondence</p><p style="text-align:center">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc: JSS:jy					

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